MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DO NOTWERN TOP PUBLIC REAL PIT AND WELFARD 28 Privary Registrates District No. 1000 Sequentry, No. 219 STATE FILE PUBLISHED ON THIS PUBLIC REAL PIT AND WELFARD 27 1983 AMANDED ON THIS TIME SEQUENCE (Where deceased lived, if institution, standards before the public of							LTH - STAND	ARD CE	RTIFICATE C	OF DEATH		-63-90	05406
1. FLACE OF DEATH Rev. 4/50 Rev	DO NOT WRITE	ARIM				egistration District No	P7/	mary Registration	District No10	OOO_Registrer's N	. 219	STATE FILE:NO	JMBER
No. Color (if condition capears limits, lyte TOWNSKIP only) Langth of say in in in C. City		1 1	1 1		- =	. PLACE OF DEATH	O FEB 2 7 198	3			•		Residence before
Control of the cont		<u> </u>		11	1_	Bue					souri b coun	Pettis	admission)
Control of the cont	Rev. 4/37		.	1		OR .	rporate limits, give TOWN	SHIP only)	Length of stay in 1b	ll OR		•	Inside Limits
Control of the cont	1	II≸		11	1_	. JU.		<u> </u>		<u> </u>	dalia.		Yes 🙀 No 🗆
3. MARE OF BECEASED First MINDER STRENGTCK SIGNERS DATE Mounty 19 1963 (Type or print) THOMAS FREDERICK SIGNERS DATE OF BUTLATY 19 1965 (Type or print) 19 1965 (Type or print	2117			1 1	1	HOSPITAL OR		• •		ADDRESS	•		Reside on Farm
THOMAS FREDERICK SEGERS DEATH Pedrary 19, 1963 S. SEX 6. COLOR OR RACE 7. Married 20 Never Married 18, DATE OF BIRTH 3. AGE (set birthday) If UDDER YEAR IF UNDER 24 IR Widnesd 19 Notes of Married 19 Not	20808	N A	Ш.	Ш	1-	INSTITUTION St	. Joseph's Ho	spital_	Yes 🌠 No 🗆	11	.324 West 5	th Street	Yes No 🔟
THOMAS FREDRICK SEDERICK SEDER	3								Middle	Last	4. DATE	Month Day	Year
Male White Diversed Aug. 1889 73 Months Department Depa	<u> </u>	1			1_			FR	EDERICK	SEGERS	DEATH P		
100. USUAL OCCUPATION (Gives kind of work done 105. KIND OF BUSINESS OR INDUSTRY 11. BIRIPACKE ((iv) and state or country) 12. CITIZEN OF WHAT COUNTRY 135. MONTHST MADEN NAME 7 / 00 8 2					1 4		ł _			. 1.	*		
4 A THE STAND CONTRIBUTION CONTRIBUTION TO DEATH but not related to the terminal programme in the stand of development in the stand of	5 /			11	I,				_	Aug.1.10	89 73		
13	6	ပ္သ	1	11	"	Ja. USUAL OCCUPATION during most of working	(Give kind at work done ng life, even if retired)	l					WHAT COUNTRY
John Segers John Segers Anna Thompson Nell Mathes Segers Address Wrs. Nell Mathes Segers—Sedalia, Missouri No. Of Death Was Caused by India Indiana Security one cause par line Indiana Security one		8	11		 -	Ret. Wheel	Supver.			oad Carnes			,
15. WAS DECASED EVER IN U.S. ARMED FORCESS TAX. SOCIAL SECURITY M. 17. INFORMANT Address (Ves. no. or unknown) [If yes, give wor odess of services, no. or unknown] [If yes, give wor odess of services, no. or unknown] [If yes, give wor odess of services, no. or unknown] [If yes, give wor odess of services, no. or unknown] [If yes, give wor odess of services, no. or unknown] [If yes, give wor odess of services, no. or unknown] [If yes, give wor odess of services, no. or unknown] [If yes, give wor odess of services, no. or unknown] [If yes, give wor odess of services, no. or unknown] [If yes, give wor odess of services, no. or unknown] [If yes, give wor odess of services, no. or unknown] [If yes, no. or unknown] [If yes, give wor odess of services, no. or unknown] [If yes, no. or unknown] [If yes, give wor odess of services] [If yes, no. or unknown] [If yes, give wor odess of services] [If yes, no. or unknown] [If yes, give wor odess of services] [If yes, no. or unknown] [If yes, no. or unknown] [If yes, give wor odess of services] [If yes, no. or unknown] [If yes, give wor odess of services] [If yes, no. or unknown] [If yes, no. o	7 /	Jġl		1			.=						-
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INMEDIATE CAUSE (a) IMMEDIATE CAUSE (b) IMMEDIATE CAUSE (c) IMMEDIATE CAUSE (d) IMMEDI	25400	1 1			0	No	* .			Mrs. Nell	Mathes Se		
Which gove rise to above cause (a), stating the underlying cause (a), stating the underlying cause (b), stating the underlying cause (b), stating the underlying cause (c), stating the underlying cause (d), stat					Z	18. CAUSE OF DEATH PART I.	(Enter only one cause per DEATH WAS CAUSED BY	l(n d , v, ,=,, ,=,, -	^ -4- `	-A 2- 1	1		NSET AND DEATH
Which gove rise to above cause (a), stating the underlying cause (a), stating the underlying cause (b), stating the underlying cause (b), stating the underlying cause (c), stating the underlying cause (d), stat	11				5	•	IMMEDIATE CAUSE (a)	gsicion	ulectingl.	nemore	age	2 says
White application gives in PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal there a pregnancy in last 90 days. PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal there a pregnancy in last 90 days. PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal there a pregnancy in last 90 days. PART III. If deceased was female was there a pregnancy in last 90 days. II. WAS AUTOMA 200. ACCIDENT SUCIDE HOMICRY 20b. DESCRIBENOW INJURY OF CURRED. (Enter nature of Injury in PART I or PART II of Hem 18.) PERFORMEDY 100 MINURY OF CURRED (Enter nature of Injury in PART I or PART II of Hem 18.) PART III. He deceased was female was there a pregnancy in last 90 days. II. WAS AUTOMA 20b. ACCIDENT SUCIDE HOMICRY 20b. DESCRIBENOW INJURY OF CURRED. (Enter nature of Injury in PART I or PART II of Hem 18.) PERFORMEDY 100 MINURY OF CURRED (Enter nature of Injury in PART I or PART II of Hem 18.) PART III. He deceased was female		띪			ğ	Conditio	ons, if any, 1 DUE TO (ь)	Partie.	ulcar 1	barbabi	(a) 1	uleroun
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AND WHILE AT WORK Death occurred at Death occurr	13/-0	J - -	╁┼	$+ \mid$		atating :	the under-	c)					
NOW WHILE AT WORK 20a. ACCIDENT SOCIDE HOMICIDE 20b. DESCRIBE OW INJURY OF CURRED. (Enter nature of injury in PART II of item 18.) 20c. TIME OF Hour Month, Day, Year INJURY OCCURRED. (Enter nature of injury in PART II of item 18.) 20c. TIME OF Hour Month, Day, Year INJURY OCCURRED. (Enter nature of injury in PART II of item 18.) 20c. TIME OF Hour Month, Day, Year INJURY OCCURRED. (Enter nature of injury in PART II of item 18.) 20c. TIME OF Hour Month, Day, Year INJURY OCCURRED. (Enter nature of injury in PART II of item 18.) 20c. TIME OF Hour Month, Day, Year INJURY OCCURRED. (Enter nature of injury in PART II of item 18.) 20c. TIME OF Hour Month, Day, Year INJURY OCCURRED. (Enter nature of injury in PART II of item 18.) 20c. TIME OF Hour Month, Day, Year INJURY (e.g., in or about home, NOT WHILE AT WORK		[종]			Š	PART II	OTHER SIGNIFICANT C	ONDITIONS CO	NTRIBUTING TO DEA	Λ			
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Death occurred at Death occurre		DWE			ERTI	19. WAS AUTOP			20b. DESCRIBE	OW INJURY OF CURRE	D. (Enter nature of in	jury in PART I or PART I	of item 18.)
Death occurred at Death occurre	_					1	Month, Day, Year			<u> </u>	<u> </u>		
Death occurred at 10:00 AM m on the date stated above, and to the best of my knowledge, from the causes stated. 22a. SIGNATURE Death occurred at 10:00 AM m on the date stated above, and to the best of my knowledge, from the causes stated. 22b. ADDRESS 22c. DATE SIGNED ADDRESS 23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY, OR CREMATORY 23d. LOCATION (City, town, or county) (State) Burial Feb. 21, 1963 Memorial Park Cemetery Sedalia Missouri 24. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE Meierhoffer-Fleeman Inc., St. Joseph, Mo. Jeb. 26, 1963 Memorial Local Reg. 24. PLANELLELLELLELLELLELLELLELLELLELLELLELLELL	Y Q	₹				INJURY a.m.		•		•			
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STATEMENT BY LICENSED EMBALMER

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Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in	his OWN HANDWRITING. (Failure to comply
th the above constitutes grounds for revocation of license).	
If embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.	

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